

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/574004**

FILING DATE

**MAR 29 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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39				/		
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41				/		
42				/		
43				/		
44				/		
45			/			
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
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58				/		
59				/0		
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98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			17			